

<b>Case Number:</b>	CM13-0030698		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old male with a history of industrial injury on February 16, 2010. The listed diagnoses are: status post anterior/posterior L5-S1 fusion with decompression December 03, 2013, and aggravation of left lower extremity radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**An MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , MRIs (magnetic resonance imaging).

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines and the Chronic Pain Medical Treatment Guidelines are silent in regard to this request, therefore the Official Disability Guidelines have been applied. According to the Official Disability Guidelines, "repeat magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The

progress report dated July 02, 2013 documents a pain level of 0/10 and the injured worker reported only soreness of the back but on August 06, 2013 the injured worker reported recurrence of low back pain which he rated as an 8/10 and radiation of pain to the lower extremities with associated left lower extremity numbness and tingling. Also, the physical examination findings are suggestive of nerve root impingement. The medical necessity for a repeat lumbar spine magnetic resonance imaging scan has been established.

**Flurbiprofen 20% gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been applied. According to the cited guidelines, "at this time, the only available Food and Drug Administration-approved topical non steroidal anti-inflammatory drug is Diclofenac." Therefore, given that Flurbiprofen is not a Food and Drug Administration approved agent for topical use, medical necessity for use of this medication has not been established.

**Medrox patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been applied. The active ingredients in Medrox patch are: Menthyl Salicylate 5%, Menthol 5% and Capsaicin 0.0375%. According to the cited guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The use of any product that contains at least one non-approved drug is not recommended. Therefore given that Medrox patches contain a concentration of capsaicin (0.0375%) that is recommended, medical necessity has not been established.

